

Fill in this information to identify your case:

United States Bankruptcy Court for the:
Southern District of Ohio
 Case number _____ Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Rebekah

First name

S.

Middle name

Noble

Last name

Suffix (Sr., Jr., II, III)**About Debtor 2 (Spouse Only in a Joint Case):**

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)**2. All other names you have used in the last 8 years**

Include your married or maiden names.

Rebekah

First name

S.

Middle name

Vanderhorst

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)XXX - XX - 2 7 9 4

OR

9 XX - XX - ____XXX - XX - ____

OR

9 XX - XX - ____

About Debtor 1:			About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and <i>doing business as</i> names			<input checked="" type="checkbox"/> I have not used any business names or EINs. <input checked="" type="checkbox"/> I have not used any business names or EINs.		
Business name			Business name		
Business name			Business name		
— EIN			— EIN		
— EIN			— EIN		
5. Where you live					
4780 Pinecroft Court Number Street			Number Street		
Huber Heights OH 45424 City State ZIP Code			City State ZIP Code		
Montgomery County			County		
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.					
Number Street			Number Street		
City State ZIP Code			City State ZIP Code		
If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.					
Number Street			Number Street		
City State ZIP Code			City State ZIP Code		
6. Why you are choosing <i>this district</i> to file for bankruptcy			Check one:		
<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)			<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)		
_____ _____ _____ _____			_____ _____ _____ _____		

Part 2: Tell the Court About Your Bankruptcy Case

- 7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7

Chapter 11

Chapter 12

Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No

Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number _____ Street _____

City _____

State _____ ZIP Code _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?**

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

- No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes

18. How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /S/ Rebekah S. Noble

Signature of Debtor 1



Signature of Debtor 2

Executed on 4/2/19
MM / DD / YYYY

Executed on
MM / DD / YYYY

For your attorney, if you are represented by one**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/S/ Christopher S. Owen

Signature of Attorney for Debtor

Date

4/12/19

MM / DD / YYYY

Christopher S. Owen

Printed name

Fox and Associates Co., L.P.A.

Firm name

1344 Woodman Drive

Number Street

Suite FDayton

City

OH

State

45432

ZIP Code

Contact phone 937-258-3668Email address cfoxlaw@aol.com0080766

Bar number

OH

State

Fill in this information to identify your case:

Debtor 1	<u>Rebekah</u>	<u>S.</u>	<u>Noble</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Ohio</u>	
Case number (If known) _____			

 Check if this is an amended filing.**Official Form 106A/B****Schedule A/B Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- No. Go to Part 2.
 Yes. Where is the property?

1.1. _____
Street address, if available, or other description**What is the property? Check all that apply.**

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description**What is the property? Check all that apply.**

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

1.3. Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ _____ 0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: Jeep
 Model: Liberty
 Year: 2003
 Approximate mileage: 147,000

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ 1,350.00 \$ _____ 1,350.00

If you own or have more than one, describe here:

3.2. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.3. Make: _____	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model: _____	<input type="checkbox"/> Debtor 1 only		
Year: _____	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: _____	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)	\$ _____	\$ _____
3.4. Make: _____	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model: _____	<input type="checkbox"/> Debtor 1 only		
Year: _____	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: _____	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)	\$ _____	\$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

4.1. Make: _____	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model: _____	<input type="checkbox"/> Debtor 1 only		
Year: _____	<input type="checkbox"/> Debtor 2 only		
Other information: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)	\$ _____	\$ _____

If you own or have more than one, list here:

4.2. Make: _____	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model: _____	<input type="checkbox"/> Debtor 1 only		
Year: _____	<input type="checkbox"/> Debtor 2 only		
Other information: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)	\$ _____	\$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 1,350.00

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware..No..Yes. Describe.....

Misc. household items. No one item valued over \$600.000. Includes Schedule B #7-14 below unless otherwise specified

\$ 2,200.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games..No..Yes. Describe.....

\$ _____

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles..No..Yes. Describe.....

\$ _____

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments..No..Yes. Describe.....

\$ _____

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment..No..Yes. Describe.....

\$ _____

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories..No..Yes. Describe.....

Wearing Apparel

\$ 100.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver..No..Yes. Describe.....

Misc. jewelry. No one item valued over \$200.00

\$ 20.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses..No..Yes. Describe.....

Pet

\$ 100.00

14. Any other personal and household items you did not already list, including any health aids you did not list..No..Yes. Describe.....

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 2,420.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No Yes Cash: \$ _____

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

<input type="checkbox"/> No	Institution name:
<input checked="" type="checkbox"/> Yes.....	
17.1. Checking account:	Woodforest Bank \$ 26.00
17.2. Checking account:	Huntington Bank \$ 0.40
17.3. Savings account:	Huntington Bank \$ 0.40
17.4. Savings account:	Wright Patt Credit Union \$ 5.00
17.5. Certificates of deposit:	\$ _____
17.6. Other financial account:	Wright Patt Credit Union - checking \$ -75.00
17.7. Other financial account:	\$ _____
17.8. Other financial account:	\$ _____
17.9. Other financial account:	\$ _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes.....	Institution or issuer name:
	\$ _____
	\$ _____
	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

<input checked="" type="checkbox"/> No	Name of entity:	% of ownership:
<input type="checkbox"/> Yes. Give specific information about them.	-	0.00 % \$ _____
	-	0.00 % \$ _____
	-	0.00 % \$ _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

<input checked="" type="checkbox"/> No	Issuer name:	\$ _____
<input type="checkbox"/> Yes. Give specific information about them.		\$ _____
		\$ _____
		\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each

account separately. Type of account: Institution name:

401(k) or similar plan:	\$ _____
Pension plan:	\$ _____
IRA:	\$ _____
Retirement account:	\$ _____
Keogh:	\$ _____
Additional account:	\$ _____
Additional account:	\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

Institution name or individual:

Electric:	\$ _____
Gas:	\$ _____
Heating oil:	\$ _____
Security deposit on rental unit: <u>Gail Como</u>	\$ _____ 775.00
Prepaid rent:	\$ _____
Telephone:	\$ _____
Water:	\$ _____
Rented furniture:	\$ _____
Other:	\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes Issuer name and description:

\$ _____
\$ _____
\$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them.

_____	\$ _____
-------	----------

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them.

_____	\$ _____
-------	----------

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them.

_____	\$ _____
-------	----------

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal:	\$ _____
State:	\$ _____
Local:	\$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

Alimony:	\$ _____
Maintenance:	\$ _____
Support:	\$ _____
Divorce settlement:	\$ _____
Property settlement:	\$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

_____	\$ _____
-------	----------

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

- _____ \$ _____
 _____ \$ _____
 _____ \$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

\$ _____

35. Any financial assets you did not already list No Yes. Give specific information.

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$ 731.80

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned No Yes. Describe.

\$ _____

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe.

\$ _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No Yes. Describe. \$ **41. Inventory** No Yes. Describe. \$ **42. Interests in partnerships or joint ventures** No Yes. Describe..... Name of entity:

% of ownership:

_____	0.00%	\$ _____
_____	0.00%	\$ _____ 0.00
_____	0.00%	\$ _____

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe..... \$ **44. Any business-related property you did not already list** No Yes. Give specific information

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here → \$ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes..... \$

48. Crops—either growing or harvested

No

Yes. Give specific information..... \$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes..... \$ _____

50. Farm and fishing supplies, chemicals, and feed

No

Yes..... \$ _____

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Give specific information..... \$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here → \$ 0.00**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No \$ _____

Yes. Give specific information..... \$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here → \$ 0.00**Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2** → \$ 0.00**56. Part 2: Total vehicles, line 5** \$ 1,350.00**57. Part 3: Total personal and household items, line 15** \$ 2,420.00**58. Part 4: Total financial assets, line 36** \$ 731.80**59. Part 5: Total business-related property, line 45** \$ 0.00**60. Part 6: Total farm- and fishing-related property, line 52** \$ 0.00**61. Part 7: Total other property not listed, line 54** +\$ 0.00**62. Total personal property.** Add lines 56 through 61. \$ 4,501.80 Copy personal property total → +\$ 4,501.80**63. Total of all property on Schedule A/B.** Add line 55 + line 62. \$ 4,501.80

Fill in this information to identify your case:

Debtor 1	First Name <u>Rebekah</u>	Middle Name <u>S.</u>	Last Name <u>Noble</u>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>			District of <u>Ohio</u>
Case number (if known)			<input type="checkbox"/> Check if this is an amended filing.

Official Form 106C**Schedule C: The Property You Claim As Exempt****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Brief description: <u>Real Estate</u>	\$ _____	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(1)(b) _____
Line from <i>Schedule A/B:</i> <u>A</u>			
Brief description: <u>Motor Vehicles</u>	\$ _____ 1,350.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(2) _____
Line from <i>Schedule A/B:</i> _____			
Brief description: <u>Household Items</u>	\$ _____ 2,300.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(4)(a) _____
Line from <i>Schedule A/B:</i> _____			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Wearing Apparel</u> Line from Schedule A/B: _____	\$ 100.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(4)(a)
Brief description: <u>Jewelry</u> Line from Schedule A/B: _____	\$ 20.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(4)(b)
Brief description: <u>Cash on hand including bank accts & security deposits</u> Line from Schedule A/B: _____	\$ 31.80	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(3)
Brief description: <u>Personal injury award to debtor/debtor's or person</u> Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(12)(c)
Brief description: <u>Professional books or tools of trade or business</u> Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(5)
Brief description: <u>Right to receive alimony, child support, an allowance or</u> Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(11)
Brief description: <u>Proceeds of life ins & annuity policies payable to spouse.</u> Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 3911.10, 2329.66(A)(6)(b)
Brief description: <u>Certain private pension or plans - amount reasonably</u> Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(10)(b)
Brief description: <u>Disposable earning earned in preceding 30 days (less</u> Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(13)
Brief description: <u>Any property chosen by debtor</u> Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	R.C. 2329.66(A)(18)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1	<u>Rebekah</u>	S.	Noble
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Ohio</u>	
Case number _____			

 Check if this is an amended filing.**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Progressive Leasing	Describe the property that secures the claim: \$ <u>1,015.33</u>	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
	Creditor's Name 256 West Data Drive	Couch			

Number Street

Draper UT 84020
City State ZIP Code

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

2.2	Creditor's Name Number Street City State ZIP Code	Describe the property that secures the claim: \$ _____	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
-----	---	--	---	--	--------------------------------------

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ <u>1,015.33</u>

Fill in this information to identify your case:

Debtor 1	<u>Rebekah</u> First Name	<u>S.</u> Middle Name	<u>Noble</u> Last Name
Debtor 2 (Spouse, if filing)	<u></u> First Name	<u></u> Middle Name	<u></u> Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Ohio</u>	
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing.	

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1	Priority Creditor's Name	Last 4 digits of account number	\$ _____	\$ _____	\$ _____
	Number Street				0.00
	City State ZIP Code				
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
2.2	Priority Creditor's Name	Last 4 digits of account number	\$ _____	\$ _____	\$ _____
	Number Street				0.00
	City State ZIP Code				
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

2.2	Priority Creditor's Name	Last 4 digits of account number	\$ _____	\$ _____	\$ _____
	Number Street				0.00
	City State ZIP Code				
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

4.1	Total claim
<p>Alltran Nonpriority Creditor's Name</p> <p>P.O. Box 519 Number Street</p> <p>Sauk Rapids MN 56379 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>notice only - Miami Valley Hospital</u></p>
<p>Capital One Nonpriority Creditor's Name</p> <p>P.O. Box 30285 Number Street</p> <p>Salt Lake City UT 84130 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8 9 8 7 \$ 616.57</p> <p>When was the debt incurred? 08/2016</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u></p>
<p>Comenity Bank, Attn: BK Dept. Nonpriority Creditor's Name</p> <p>P.O. Box 182125 Number Street</p> <p>Columbus OH 43218 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$ 1,480.00</p> <p>When was the debt incurred? 02/2017</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card - David's Bridal</u></p>

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.4	Comenity Bank, Attn: BK Dept. Nonpriority Creditor's Name	Last 4 digits of account number	\$ 364.00	
P.O. Number	Box 182125 Street	When was the debt incurred?	10/2018	
Columbus City	OH State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.5	DayAir Credit Union Nonpriority Creditor's Name	Last 4 digits of account number <u>8 5 4 0</u>	\$ 10,543.84	
P.O. Number	Box 292980 Street	When was the debt incurred?	06/2018	
Kettering City	OH State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.6	Dayton Power and Light - BK Dept. Nonpriority Creditor's Name	Last 4 digits of account number	\$ 146.00	
1065 Number	Woodman Drive Street	When was the debt incurred?		
Dayton City	OH State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.7 Emergency Medicine Specialists Nonpriority Creditor's Name P.O. Box 145406 Number Street Cincinnati OH 45250 City State ZIP Code				Last 4 digits of account number When was the debt incurred?
				As of the date you file, the claim is: Check all that apply.
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical expense
4.8 Kettering Health Network Nonpriority Creditor's Name 3535 Southern Blvd Number Street Kettering OH 45429 City State ZIP Code				Last 4 digits of account number When was the debt incurred?
				As of the date you file, the claim is: Check all that apply.
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical expense
4.9 Kettering Network Radiologists Nonpriority Creditor's Name P.O. Box 371863 Number Street Pittsburgh PA 15250 City State ZIP Code				Last 4 digits of account number When was the debt incurred?
				As of the date you file, the claim is: Check all that apply.
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical expenses

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim	
4.10	Miami Valley Hospital Nonpriority Creditor's Name 1 Wyoming Street Number Street Dayton OH 45409 City State ZIP Code			Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,848.84
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical expense</u>	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.11	Midland Funding LLC Nonpriority Creditor's Name 2365 Northside Dr., Ste 300 Number Street San Diego CA 92108 City State ZIP Code			Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>notice only - Comenity Bank</u>	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
4.12	Online Information Services Nonpriority Creditor's Name P.O. Box 1489 Number Street Winterville NC 28590 City State ZIP Code			Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>notice only - Dayton Power & Light</u>	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.13	Radiology Physicians, Inc. Nonpriority Creditor's Name 10567 Sawmill Parkway, Ste 100 Number Street Powell OH 43065 City State ZIP Code			Last 4 digits of account number When was the debt incurred?
				\$ 415.00
				As of the date you file, the claim is: Check all that apply.
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim:
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical expense</u>
4.14	Richland Bureau of Credit Nonpriority Creditor's Name 283 Glessner Avenue Number Street Mansfield OH 44903 City State ZIP Code			Last 4 digits of account number When was the debt incurred?
				\$
				As of the date you file, the claim is: Check all that apply.
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim:
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>notice only - Radiology Physicians</u>
4.15	Rossman & Co. Nonpriority Creditor's Name P.O. Box 2051 Number Street New Albany OH 43054 City State ZIP Code			Last 4 digits of account number When was the debt incurred?
				\$
				As of the date you file, the claim is: Check all that apply.
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim:
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>notice only - Wright Patt Credit Union</u>

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.16	Soin Medical Center Nonpriority Creditor's Name		Last 4 digits of account number	\$ 5,353.76
	3535	Pentagon Blvd Number Street	When was the debt incurred?	
	Beaver Creek	OH State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical expense	
	Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.17	Sterling Family of Jewelers Nonpriority Creditor's Name		Last 4 digits of account number	\$ 2,880.00
	P.O. Box 4485 Number Street	When was the debt incurred? 01/2017		
	Beaverton	OR State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify credit card	
	Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.18	Synchrony Bank, Attn: BK Dept. Nonpriority Creditor's Name		Last 4 digits of account number 9 4 1 8	\$ 789.09
	P.O. Box 965060 Number Street	When was the debt incurred? 12/2016		
	Orlando	FL State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify credit card - Care Credit	
	Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim	
4.19	Transworld Systems Nonpriority Creditor's Name <u>P.O.</u> <u>Box 15095</u> Number Street <u>Wilmington</u> <u>DE</u> <u>19850</u> City State ZIP Code			Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>notice only - Emergency Medicine Specialist</u>	
4.20	United Collection Bureau, Inc. Nonpriority Creditor's Name <u>5620</u> <u>Southwyck Blvd., Suite 206</u> Number Street <u>Toledo</u> <u>OH</u> <u>43614</u> City State ZIP Code			Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>notice only - Miami Valley Hospital</u>	
4.21	US Dept. of Education/Great Lakes Nonpriority Creditor's Name <u>2401</u> <u>International</u> Number Street <u>Madison</u> <u>WI</u> <u>53704</u> City State ZIP Code			Last 4 digits of account number When was the debt incurred? <u>02/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>2,959.00</u>
				Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u> </u>	

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.22	Wright Patt Credit Union Nonpriority Creditor's Name	Last 4 digits of account number 5 3 9 0	\$ 62.66
	3560 Pentagon Blvd Number Street	When was the debt incurred? 04/2018	
	Beaver Creek OH 45431 City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Nonpriority Creditor's Name	Type of NONPRIORITY unsecured claim:	
	Number Street	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify overdraft	
	City State ZIP Code		
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Nonpriority Creditor's Name	Type of NONPRIORITY unsecured claim:	
	Number Street	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	City State ZIP Code		
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Nonpriority Creditor's Name	Type of NONPRIORITY unsecured claim:	
	Number Street	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	City State ZIP Code		

Part 4: Add the Amounts for Each Type of Unsecured Claim

- 1. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.**
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ _____ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ _____ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____ 0.00
6e. Total. Add lines 6a through 6d.	6e. \$ _____ 0.00	

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ _____ 2,959.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____ 26,892.36
	6j. Total. Add lines 6f through 6i.	6j. \$ _____ 29,851.36

Fill in this information to identify your case:

Debtor 1	<u>Rebekah</u>	<u>S.</u>	<u>Noble</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Ohio</u>	
Case number (if known) _____		<input type="checkbox"/> Check if this is an amended filing.	

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for		
2.1 <u>Progressive Leasing</u> Name <u>256</u> <u>West Data Drive</u> Number Street <u>Draper</u> <u>UT</u> <u>84020</u> City State ZIP Code	Couch		
2.2 _____ Name Number Street City State ZIP Code			
2.3 _____ Name Number Street City State ZIP Code			
2.4 _____ Name Number Street City State ZIP Code			
2.5 _____ Name Number Street City State ZIP Code			

Fill in this information to identify your case:

Debtor 1	<u>Rebekah</u> First Name	<u>S.</u> Middle Name	<u>Noble</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Ohio</u>	
Case number (If known)			

 Check if this is an amended filing.**Official Form 106H****Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name

 Schedule D, line ____

Number Street

 Schedule E/F, line ____

City State ZIP Code

 Schedule G, line ____

3.2

Name

 Schedule D, line ____

Number Street

 Schedule E/F, line ____

City State ZIP Code

 Schedule G, line ____

3.3

Name

 Schedule D, line ____

Number Street

 Schedule E/F, line ____

City State ZIP Code

 Schedule G, line ____

Fill in this information to identify your case:

Debtor 1	<u>Rebekah</u> First Name	<u>S.</u> Middle Name	<u>Noble</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Ohio</u>	
Case number (If known) _____			

Check if this is:

- An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

	Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	 <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies	Occupation <u>Warehouse Shipping</u>	 <u>MHT</u>
	Employer's name <u>Patrick Staffing</u>	 <u>Access Hospital</u>
	Employer's address <u>1485 Commerce Park Drive B</u> Number Street	 <u>2611 Wayne Avenue</u> Number Street
	 <u>Tipp City, OH 45371</u> City State ZIP Code	 <u>Dayton, OH 45420</u> City State ZIP Code
	How long employed there? <u>3 months</u>	 <u>2 years</u>

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>1,816.75</u>	\$ <u>1,648.88</u>
3. Estimate and list monthly overtime pay.	3. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>1,816.75</u>	\$ <u>1,648.88</u>

For Debtor 1**For Debtor 2 or non-filing spouse**

Copy line 4 here..... ➔ 4. \$ 1,816.75 \$ 1,648.88

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>210.90</u>	\$ <u>187.94</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>0.00</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: ..	5h. +\$ <u>0.00</u>	+\$ <u>0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h	6. \$ <u>210.90</u>	\$ <u>187.94</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>1,605.85</u>	\$ <u>1,460.94</u>

8. List all other income regularly received:**8a. Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00 \$ 0.00

8b. Interest and dividends

8b. \$ 0.00 \$ 0.00

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00 \$ 0.00

8d. Unemployment compensation

8d. \$ 0.00 \$ 0.00

8e. Social Security

8e. \$ 0.00 \$ 0.00

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. \$ 0.00 \$ 0.00

8g. Pension or retirement income

8g. \$ 0.00 \$ 0.00

8h. Other monthly income. Specify: ..

8h. +\$ 0.00 +\$ 0.00

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e +8f +8g +8h

9. \$ 0.00 \$ 0.00

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ <u>1,605.85</u>	\$ <u>1,460.94</u>	= \$ <u>3,066.79</u>
------------------------	--------------------	----------------------

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data. If it applies.

12. \$ 3,066.79

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1	<u>Rebekah</u>	<u>S.</u>	<u>Noble</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Ohio</u>	
Case number _____ (If known)			

Check if this is:

- An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:
 MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No.
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents No

Do not list Debtor 1 and Debtor 2.
 Yes. Fill out this information for each dependent.....

Do not state the dependent's names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Husband		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Daughter	18 mths	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes.**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.**Your Expenses**4. \$ 800.00**If not included on line 4:**

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$ 0.004b. \$ 0.004c. \$ 50.004d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans.

5. \$ _____ 0.00

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ _____ 200.00

6b. Water, sewer, garbage collection

6b. \$ _____ 70.00

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ _____ 425.00

6d. Other. Specify: _____

6d. \$ _____ 0.00

7. Food and housekeeping supplies

7. \$ _____ 750.00

8. Childcare and children's educational costs

8. \$ _____ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ _____ 100.00

10. Personal care products and services

10. \$ _____ 130.00

11. Medical and dental expenses

11. \$ _____ 400.00

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ _____ 100.00

13. Entertainment, clubs recreation, newspapers, magazines, and books

13. \$ _____ 0.00

14. Charitable contributions and religious donations

14. \$ _____ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. \$ _____ 0.00

15a. Life insurance

15b. \$ _____ 0.00

15b. Health insurance

15c. \$ _____ 0.00

15c. Vehicle insurance

15d. \$ _____ 0.00

15d. Other insurance. Specify: _____

16. \$ _____ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

17. Installment or lease payments:

17a. \$ _____ 0.00

17a. Car payments for Vehicle 1

17b. \$ _____ 0.00

17b. Car payments for Vehicle 2

17c. \$ _____ 0.00

17c. Other. Specify: _____

17d. \$ _____ 0.00

17d. Other. Specify: _____

18. Your payments of alimony, maintenance, and support that you did not report as deducted from you pay on line 5, Schedule I, Your Income (Official Form B 6I).

18. \$ _____ 0.00

19. Other payments you make to support others who do not live with you.

Specify: _____

19. \$ _____ 0.00

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income:

20a. \$ _____ 0.00

20a. Mortgages on other property

20b. \$ _____ 0.00

20b. Real estate taxes

20c. \$ _____ 0.00

20c. Property, homeowner's, or renter's insurance

20d. \$ _____ 0.00

20d. Maintenance, repair, and upkeep expenses

20e. \$ _____ 0.00

20e. Homeowner's association or condominium dues

Debtor 1

Rebekah
First Name

S.
Middle Name

Document
Last Name

21. Other. Specify: _____

21. \$ 0.00

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.

22c. Add lines 22a and 22b. The result is your monthly expenses.

[View Details](#) | [Edit](#) | [Delete](#)

\$ 3,025.00

0.00

3,025.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ 3,066.79

23b. Copy your monthly expenses from line 22 above.

23b. -§ 3,025.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ 41.79

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification in the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	<u>Rebekah</u>	<u>S.</u>	<u>Noble</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Ohio</u>	
Case number (If known) _____		<input type="checkbox"/> Check if this is an amended filing.	

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b.	Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ <u>4,501.80</u>
1c.	Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$ 4,501.80</u>

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ <u>1,015.33</u>
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+\$ <u>29,851.36</u>
		Your total liabilities
		<u>\$ 30,866.69</u>

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>3,066.79</u>
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	\$ <u>3,025.00</u>

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,822.38

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 2,959.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. **Total.** Add lines 9a through 9f. \$ 2,959.00

Fill in this information to identify your case:

Debtor 1	<u>Rebekah</u>	<u>S.</u>	<u>Noble</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Ohio</u>	
Case number _____			

Check if this is an amended filing

Official Form 106Dec**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

 /S/ Rebekah S. Noble

Signature of Debtor 1

Date 4/2/19
MM / DD / YYYY



Signature of Debtor 2

Date
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Rebekah</u>	<u>S.</u>	<u>Noble</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Ohio</u>	
Case number (If known) _____			

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
4563 Elliot Avenue Number Street <u>Apt. B</u>	From <u>5/2015</u> To <u>11/2015</u>	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Dayton OH 45410 City State ZIP Code	Number Street City State ZIP Code	From _____ To _____	From _____ To _____
135 Bellaire Ave Number Street Dayton OH 45420 City State ZIP Code	From <u>11/2015</u> To <u>11/2016</u>	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
	Number Street City State ZIP Code	From _____ To _____	From _____ To _____
3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)			
<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H).</p>			

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 5,352.75	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar year: (January 1 to December 31, <u>2018</u> <u>YYYY</u>)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 26,104.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2017</u> <u>Joint</u> <u>YYYY</u>)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 33,920.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	—	\$ _____ —		\$ _____
	—	\$ _____ —		\$ _____
	—	\$ _____ —		\$ _____
For last calendar year:	—	\$ _____ —		\$ _____
(January 1 to December 31, <u>_____</u> <u>YYYY</u>)	—	\$ _____ —		\$ _____
	—	\$ _____ —		\$ _____
For the calendar year before that:	—	\$ _____ —		\$ _____
(January 1 to December 31, <u>_____</u> <u>YYYY</u>)	—	\$ _____ —		\$ _____
	—	\$ _____ —		\$ _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**1. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

 Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Paid normal living expenses Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$ _____	\$ _____	
Number Street				
City _____ State _____ ZIP Code _____				
Insider's Name		\$ _____	\$ _____	
Number Street				
City _____ State _____ ZIP Code _____				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$ _____	\$ _____	
Number Street				
City _____ State _____ ZIP Code _____				
Insider's Name		\$ _____	\$ _____	
Number Street				
City _____ State _____ ZIP Code _____				

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____	Court Name Number Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		
Case title _____ _____	Court Name Number Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
DayAir Credit Union Creditor's Name	2018 Nissan Altima 12/2018	\$ 17,983.00
P.O. Box 292980 Number Street	Explain what happened	
Kettering OH 45429 City State ZIP Code	<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
Describe the property	Date	Value of the property
Creditor's Name	_____	\$ _____
Number Street	Explain what happened	
City State ZIP Code	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			
Number Street			\$ _____
City	State ZIP Code	Last 4 digits of account number: XXXX-	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City	State ZIP Code		

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?** No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		
			\$ _____

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Fox and Associates Co., L.P.A. Person Who Was Paid		
1344 Woodman Drive Number Street	\$850.00 for legal fees plus court costs	\$ _____
Suite F		\$ _____
Dayton OH 45432 City State ZIP Code		
cfoxlaw@aol.com Email or website address		
Person Who Made the Payment, if Not You		

		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number Street				\$ _____
				\$ _____
City State ZIP Code				
Email or website address				
Person Who Made the Payment, if Not You				

17. Within 1 **year** before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- No
 Yes. Fill in the details.

		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number Street				\$ _____
				\$ _____
City State ZIP Code				

18. Within 2 **years** before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

		Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
USAA Person Who Received Transfer		2009 Jeep Patriot	totalled - insurance paid \$3,000.00 used funds to purchase te 2003 Jeep Liberty	1/2/19
Number Street				
City State ZIP Code				

Person's relationship to you None

Person Who Received Transfer		
Number Street		
City State ZIP Code		
Person's relationship to you		

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

No
 Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution XXXX– Number Street _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
City State ZIP Code			
Name of Financial Institution XXXX– Number Street _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
City State ZIP Code			

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution Name Number Street _____	Number Street City State ZIP Code	<input type="checkbox"/> No <input type="checkbox"/> Yes
City State ZIP Code		

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

Name of Storage Facility _____
 Number Street _____
 City _____ State _____ ZIP Code _____

Who else has or had access to it?

Name _____
 Number Street _____
 City _____ State _____ ZIP Code _____

Describe the contents

Do you still have it?

No
 Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Owner's Name _____
 Number Street _____
 City _____ State _____ ZIP Code _____

Where is the property?

Describe the property

Value

\$ _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

Name of Site _____
 Number Street _____
 City _____ State _____ ZIP Code _____

Governmental unit

Governmental unit _____
 Number Street _____
 City _____ State _____ ZIP Code _____

Environmental law, if you know it

Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of Site	Governmental unit	
Number Street	Number Street	
City	State ZIP Code	
City	State ZIP Code	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Number Street	
Case number	City State ZIP Code	

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: -
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: -
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____

		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name			
Number Street		EIN:	-
		Name of accountant or bookkeeper	Dates business existed
City	State	ZIP Code	From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Date issued

Name _____

MM / DD / YYYY

Number Street _____

City _____ State _____ ZIP Code _____

Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /S/ Rebekah S. Noble

Signature of Debtor 1

Date 4/2/19



Signature of Debtor 2

Date _____

Did you attach additional pages to **Your Statement of Financial Affairs for Individuals Filing for Bankruptcy** (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of person _____

Attach the **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119).

United States Bankruptcy Court
Southern District Of Ohio

In re _____ Rebekah S. Noble _____ Case No. _____
Debtor _____ Chapter _____ 7 _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 850.00

Prior to the filing of this statement I have received \$ 850.00

Balance Due..... \$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

- 1) Representation of the Debtor(s) in adversary proceedings and other contested bankruptcy matters, as disclosed in 5(d) are not included in the above disclosed fees
- 2) Representation of the Debtors in any Dischargeability action, judicial lien avoidance, relief from stay action or any other adversary proceedings

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

4/12/19

Date

/S/ Christopher S. Owen

Signature of Attorney

Fox and Associates Co., L.P.A.

Name of law firm

ALLTRAN
P.O. BOX 519
SAUK RAPIDS, MN 56379

CAPITAL ONE
P.O. BOX 30285
SALT LAKE CITY, UT 84130

COMENITY BANK, ATTN: BK DEPT.
P.O. BOX 182125
COLUMBUS, OH 43218

DAYAIR CREDIT UNION
P.O. BOX 292980
KETTERING, OH 45429

DAYTON POWER AND LIGHT - BK DEPT.
1065 WOODMAN DRIVE
DAYTON, OH 45432

EMERGENCY MEDICINE SPECIALISTS
P.O. BOX 145406
CINCINNATI, OH 45250

KETTERING HEALTH NETWORK
3535 SOUTHERN BLVD
KETTERING, OH 45429

KETTERING NETWORK RADIOLOGISTS
P.O. BOX 371863
PITTSBURGH, PA 15250

MIAMI VALLEY HOSPITAL
1 WYOMING STREET
DAYTON, OH 45409

MIDLAND FUNDING LLC
2365 NORTHSIDE DR., STE 300
SAN DIEGO, CA 92108

ONLINE INFORMATION SERVICES
P.O. BOX 1489
WINTERVILLE, NC 28590

PROGRESSIVE LEASING
256 WEST DATA DRIVE
DRAPER, UT 84020

RADIOLOGY PHYSICIANS, INC.
10567 SAWMILL PARKWAY, STE 100
POWELL, OH 43065

RICHLAND BUREAU OF CREDIT
283 GLESSNER AVENUE
MANSFIELD, OH 44903

ROSSMAN & CO.
P.O. BOX 2051
NEW ALBANY, OH 43054

SOIN MEDICAL CENTER
3535 PENTAGON BLVD
BEAVERCREEK, OH 45431

STERLING FAMILY OF JEWELERS
P.O. BOX 4485
BEAVERTON, OR 97076

SYNCHRONY BANK, ATTN: BK DEPT.
P.O. BOX 965060
ORLANDO, FL 32896

TRANSWORLD SYSTEMS
P.O. BOX 15095
WILMINGTON, DE 19850

UNITED COLLECTION BUREAU, INC.
5620 SOUTHWYCK BLVD., SUITE 206
TOLEDO, OH 43614

US DEPT. OF EDUCATION/GREAT LAKES
2401 INTERNATIONAL
MADISON, WI 53704

WRIGHT PATT CREDIT UNION
3560 PENTAGON BLVD
BEAVERCREEK, OH 45431